

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742761** (0)  
1. Corporation Name  
**EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **EASTHAMPTON A-17 CENTURY VILLAGE WEST PALM BEACH FL 33417**  
Mailing Address: **EASTHAMPTON A-17 CENTURY VILLAGE WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **05/08/1978**  
3a. Date of Last Report: **06/27/1995**  
4. FEI Number: **59-1648584**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **EASTHAMPTON A-4 CENTURY VILLAGE WEST PALM BEACH FL 33417**  
2a. Mailing Address: **EASTHAMPTON A-4 CENTURY VILLAGE WEST PALM BEACH FL 33417**  
21. City & State: **WEST PALM BEACH FL**  
22. Suite, Apt. #, etc.: **CENTURY VILLAGE**  
23. Zip: **33417**  
24. Country: **FL**

9. Name and Address of Current Registered Agent  
**SEIDNER, JACK  
EASTHAMPTON A-20  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEIDNER, JACK	
STREET ADDRESS	EASTHAMPTON A-20	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAMONAC, SALVATORE	
STREET ADDRESS	12A EASTHAMPTON A	
CITY-ST-ZIP	WPB FL 03	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REHA, BETTY	
STREET ADDRESS	EASTHAMPTON 1-21	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, ETHEL	
STREET ADDRESS	EASTHAMPTON A-7	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAROLSKY, DOROTHY	
STREET ADDRESS	EASTHAMPTON A-4	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SERDNES, JACK	
STREET ADDRESS	20 E HAMPTON AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LAMONICO SALVATORE</b>
2.3 STREET ADDRESS	<b>EASTHAMPTON A</b>
2.4 CITY-ST-ZIP	<b>W P BCH FL 33417</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ANN SCHWARTZ</b>
4.3 STREET ADDRESS	<b>EASTHAMPTON A-5</b>
4.4 CITY-ST-ZIP	<b>WPB FL 33417</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Seidner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *2/26/96* DAYTIME PHONE: *407-6330327*

CR2E037 (12/95)